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EXPERIMENTAL TRIALS ON THE EFFICACY OF REPEATED PURGATIVES IN TYPHOUS FEVER.

HAMILTON, of Edinburgh, was, we believe, the first physician who insisted on the efficacy of purgative medicines as a principal means of cure in typhous fever. His doctrine has been adopted by many practitioners; but by others, and particularly by the French, it has been combated as a method which is incompatible with the pathology of that affection. In order to afford means for deciding this question, important for the value of the truth which affirmative decision may establish, and interesting from the degree of attention which the subject has so long excited, M. Piedagnel undertook a series of experiments at the *Hôtel Dieu*, which were calculated to develop an answer to it, and he certainly has conducted them in a manner which is well designed for determining the true value of the purgative method. All the typhoid fever cases which he treated, were, without any distinction of symptoms, period of the disease, &c. submitted to the action of purgatives during the same season. The number of patients experimented on was large, and no other active remedies, such as bleeding and leeches, were applied, these being avoided in order that the result might be as positive as possible. We now present our readers with an analysis of the paper on this subject, which M. Piedagnel has published in the 13th No. of the French *Gazette Médicale*, the paper having been read at the Academy of Medicine on the 24th of March.

The author distinguishes four kinds of typhous fever, viz.

1st. Simple typhus.

2d. Adynamic typhoid fever; to the common symptoms are superadded those arising from a considerable alteration of the intestinal canal, consisting in numerous ulcerations of the mucous membranes: here the abdominal affection becomes prominent, and the patient at the end falls into a state of adynamia.

3rd. Ataxic typhus: here the cerebral symptoms predominate; there is a peculiar delirium, pain in the head; the senses are more or less perverted, and the muscles contract, &c.

4th. Putrid typhus (*fièvre typhoïde foudroyante*); this form can only be likened to the effects of poisoning; in three or four days the patient dies, and the autopsy does not reveal any organic alteration.

Such are the very different forms of typhous fever which M. Piedagnel has submitted to the following treatment.

On the day after the patient's reception into the *Hôtel Dieu*, the purgatives were immediately administered, when the symptoms were severe; if not, he was allowed to remain quiet for one or two days. When the

treatment was commenced, a purgative was given every day, or every second day, according to circumstances. The patient took for drink, water sweetened with syrup of currants, and his diet consisted of three *bouillons* (weak broth) per day. This regimen was invariably pursued; and the modifications of the treatment were very simple. Thus when a patient went naturally to stool, a slight purgative only was administered. In cases where a gentle purgative produced no effect, a stronger one was immediately given. The rumbling sound of the bowels, and particularly the appearance of meteorismus, were an indication for the employment of purgatives still more energetic. These means usually produced six to ten stools in the twenty-four hours. In some cases the patients were purged only once or twice during the whole course of the disease; in others ten or twelve times; but in general three or four purgative doses were sufficient. The state of the abdomen never furnished any contra-indication; thus a severe pain in some one point of the abdomen generally yielded to the first or second purgative, and never resisted the third. The purgative medicines employed were, Eau de Seidlitz, from two glasses to one or two bottles; a solution of one or two ounces of Epsom salts; castor oil; calomel; and croton oil.

On comparing the results obtained by M. Piedagnel with those obtained in the different hospitals of Paris, they certainly present a very favorable aspect.

From the 1st of June 1834 to the 1st of March 1835, no less than 134 cases of typhous fever were treated by the author at the *Hôtel Dieu*, all exhibiting in a greater or less degree the peculiar expression of the face, state of the mouth, rales muqueux and sibilant, diarrhœa, pain of abdomen, petechiæ and sudamina, which distinguish that affection.

The cases may be arranged under the following categories:

1st. *Simple Typhus*.—69 cases. No death. Mean duration of the disease $20\frac{1}{2}$ days. Mean duration of treatment $13\frac{1}{2}$ days. Average number of purgatives $3\frac{1}{2}$.

2d. *Adynamic Typhus*.—49 cases. Cured, 39; dead, 10. Mean duration of the disease $17\frac{1}{2}$ days. Mean duration of treatment $10\frac{1}{4}$ days. Average number of purgatives 3.

3rd. *Ataxic Typhus*.—16. Cured, 7; died, 9. Mean duration of the disease 29 days. Mean duration of treatment 19 days. Average number of purgatives $6\frac{1}{2}$.

Hence in 134 cases, we find 115 cured, 19 dead, giving the proportion of mortality as 1 to $7\frac{1}{5}$ of the cases treated. But amongst the 19 deaths M. Piedagnel enumerates two which ought not strictly to be included; one, cured of the fever and on full diet for four days, was cut off by a double pneumonia; the other, also cured, contracted the small-pox, which terminated in death. If we abstract these two cases, the general mortality will be very nearly 1 to 8. For adynamic typhus the proportion is 1 to $4\frac{9}{10}$,—the author of the memoir says 1 to $3\frac{9}{10}$, but he is evidently mistaken. Finally, he enumerates amongst the ataxic cases, the only two examples of *fièvre foudroyante* which presented themselves in the course of the year; hence in this severe form the cures and deaths may be accounted exactly equal.

Let us now compare these proportions with the result of the practice of MM. Chomel and Bouillaud at the *Hôtel Dieu* and *La Charité* :

Hôtel Dieu.

	Patients.	Dead.	
In 1830	27	8	— 1 to 3.375
1831	56	16	— 1 to 3.5
1832	23	5	— 1 to 4.6
1833	30	10	— 1 to 3

At La Charité.

	Patients.	Dead.	
In 1834	31	5	— 1 to 6 1-6

Thus in the practice of M. Chomel the mortality is as 1 to 3.4871794. In that of M. Bouillaud, or rather in the small number of cases reported by him, 1 to 6.2 ; and in that of M. Piedagnel as 1 to 7.052631578 947368421. (The decimal runs to this great length before it begins to repeat.)

Hence the author concludes that so far as regards the mortality, the treatment of typhous fever by purgatives is superior to any other practised at the present day ; but it is extremely fatiguing for the patient, and requires extreme care on the part of the physician. The most frequent complications with which it may be reproached, are inflammations, which sometimes determine death ; but, on the other hand, we very rarely find extensive gangrene, abscess, meteorismus, &c. and the convalescence is probably less prolonged.

In this analysis we have given every interesting fact presented to us by the author of the paper.

Presenting, week after week, as we are, almost without intermission, analyses or notices of such foreign memoirs as this, British practitioners, who are thoroughly acquainted with the slothfulness of the medical officers in our own public charities, and with the paucity of useful and scientific information that issues from the great hospitals of England, would rend their garments with grief and vexation at the figure which this country makes in the arena of medicine, if they did not entertain a firm hope that such changes were at hand, as must convert those institutions from sullen caves of disease, into temples of knowledge and health. It is impossible to watch, unmoved by strong feelings, on the one hand of pleasure, and on the other of indignation, the continued evidences of talent, information, and industry, which are at work in the hospitals of the French metropolis and provinces, and the absence of those qualities, with rare exceptions, in our own. The contrast is more than melancholy, and so long as the practice *within* those institutions in Great Britain simply consists of means for enlarging profitable individual practice *without*, so long will they remain closed storehouses of human malady. Our hospitals must, ere long, be filled, on a new principle of election, by able practitioners, whose ample remuneration shall be derived from a direct and legitimate fund, and whose duties to the patients, to the profession, and to the students, will be fulfilled only by paying an undivided attention to the wants, bodily and mental, of those who are within their gates, and discriminately recording, for the public use, the facts which arise in the course of the hospital practice.

And here let us ask, and we put the question as a hint well worthy of attention in the fifty-two county towns of England, how much longer that monstrous iniquity—that practice worthy not even of the dark ages—is to be suffered to exist unreformed in our provincial hospitals and infirmaries *from within*, of excluding from admission to the hospital practice—the wards and the theatres—the unattached medical practitioners of the several towns in which those hospitals are situated. “*A word in season, how good it is.*”—*Lancet*.

THOUGHTS ON PHTHISIS PULMONALIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following communication is at your disposal, and, if it shall have the effect to rouse the attention of the public to the safety of a large and very interesting portion of the community, the object of the writer will be obtained.

Yours, very respectfully.

Marshfield, May 25th, 1835.

CHARLES MACOMBER.

Consumption is strictly scrofula of the conglobate glands of the lungs. Inflammation of the lungs and their investing membrane may be followed by suppuration, and even the destruction of a portion of the lungs ; but this is not properly consumption. Patients frequently recover from disease of this nature.

It is possible that patients may even recover from strumous glands, or tubercles of the lungs, provided they be few in number. The glands, having become inflamed from inclemencies of the weather, or other causes, produce a caseous matter, which is thrown off by expectoration, and the remaining ulcers, like scrofulous ulcers in some other situations, through vigor of constitution are healed ; but more frequently the tubercles are numerous, or become so in progress of time, and the constitution is broken down by the protracted operation of the disease.

Hæmoptysis is not the cause of phthisis ; but phthisis is often the cause of hæmoptysis. Tubercles weaken the lungs, and in some measure obstruct the circulation through them, in consequence of which rupture of the vessels ensues from any little excitement on the lungs, and blood is poured out. This effusion of blood, however, is sometimes salutary. It seems to be nature's effort to take off inflammation from the lungs and their tubercles, and in this manner may protract the patient's life ; provided the effusion be not such as to excite much coughing.

Catarrh is not properly the cause of phthisis. Phthisis, however, evidently disposes the lungs to catarrhal affections even from the slightest changes in the atmosphere. These changes in our climate are greatly to be dreaded by the patient whose lungs are oppressed by strumous glands. May not some refuge be found from the inclemencies of the atmosphere?

The groundwork of consumption is sometimes laid in infancy, and sometimes long before, in the depraved constitution of progenitors. In this case the latent disease is scrofula, or a disposition of the lymph to stagnate in the conglobate glands. In difficulty of this character, plenty of moderate exercise in early years, continued through life, is an indispen-

sable remedy. It should be such as to give suitable motion to every part of the body, and propel the fluids throughout the minutest ramifications of the vascular system. If to the exercise recommended were united serenity of mind, based on correct principles, the probability of lengthened life would be still greater. Has this subject its due consideration in families, schools, academies and colleges?

After tubercles have been formed in the lungs, a question naturally arises whether anything can be done to relieve. I am far from approving the conduct of those physicians, whose maxim is to "let the patient alone," or, if they do anything, what they do is equivalent to nothing. It is true, it is not so blameworthy to do nothing, as to do what is worse than nothing; but, if all physicians were possessed of this supineness of character, phthisis pulmonalis would of course forever remain "the reproach of medicine." I have thought favorably of morning emetics of a strength suited to the situation of the patient. Emetics sometimes cause the absorption of tumors; but whether they ever cause tubercles to be absorbed, I will not determine. From what I know, however, of the operation of iodine in scrofulous tumors, I am inclined to entertain a favorable opinion of respiring it in a dilute gaseous form. More knowledge of the use of this remedy in phthisis is desirable.

After tubercles have been formed in the lungs, it may be problematical whether we can prevent the formation of, more, or resolve them, after they have been formed; but certainly it is a duty, if possible, to prevent their inflaming. In what manner this may be best done, is a point not well settled. Shall we send the patient to Egypt, or the West Indies? It is acknowledged that our climate disposes to catarrhal and pneumonic affections, and that the consumptive patient is like a sensitive plant in relation to changes in the atmosphere. How often, however, does he fall a victim to phthisis, before he reaches milder skies? Or, if he is so fortunate as to arrive at the place of his destination, how frequently is he disappointed as to the mildness of the air, or its supposed balsamic properties? and dies far away from the bosom of his country and friends.

Since, therefore, so large a proportion of mankind, nearly one fourth part, die of tubercular disease, and since it is acknowledged that some cases of phthisis as well as cases of catarrh and pneumonia are relieved, or apparently cured, by a retreat to a milder climate, especially when the season at the place has happened to be particularly favorable, a thought has arisen, whether an asylum for the consumptive might not be fitted up within the limits of our own State, where patients might breathe at all seasons, and without intermission, an air even more bland and medicinal than the atmosphere of Egypt or the West Indies.

In private houses, the patient with lung difficulties is frequently in a room too much heated, and at other times too cold, and not unfrequently undergoes greater, and more frequent and sudden changes of temperature, than a person daily exposed to every storm and wind that blows; and of course, as might be naturally supposed, has more of catarrhal affections than a person thus exposed. But might there not be an asylum for the consumptive, not liable to such changes? a retreat from the inclemencies of climate, where the temperature of air, most approved, as shown by the thermometer, should be invariably the same at all seasons

and at all times of day and night, and where the degree of moisture in the air, found most beneficial, as discovered by the hygrometer, should be sustained without interruption.

In the sick room the physician often finds pneumonic disease very obstinate for a very great length of time, and exhausts all his resources in combating it, until at last the patience of even the patient himself is almost exhausted. But happily a change in weather takes place. No fire in the sick room is needed, and the mercury in the thermometer stands stationary. The remedies now used begin to be highly beneficial, or perhaps the patient recovers without the use of medicine. Cannot the benefits of such a temperature of air be obtained at any time and place?

Water issuing from the interior of a hill side is very nearly of the same temperature at all seasons of the year, and usually less than ten degrees below temperate. Of course, common atmospheric air passed upward in small streams through a slowly descending column of such water, will be heated in winter and cooled in summer to nearly the temperature of the water. Air, if dry beyond a certain degree, will acquire moisture; and, if very moist, as in sultry weather, will lose some portion of its moisture by ascending in small streams through such slowly descending column of water, because, when air acquires caloric, it holds more water in solution, or in an invisible state, and, when it loses caloric, it drops some part of the water which it previously held in solution. Of consequence, common atmospheric air passed upward through such descending column of water will approximate at all seasons of the year something nearly the proper degree of heat by the thermometer, and of moisture by the hygrometer. The exact degree of heat and moisture, however, best for the consumptive, is not perhaps at present well ascertained; although from the evident advantages of an intertropical voyage, it is conjectured that a considerable of each may be required.

Having obtained air at all seasons of the year of nearly the heat and moisture required, by passing upward through the descending column of water already described, small streams of common atmospheric air, which operation of passing air upward may be easily effected by water power, two questions arise—Where? and—By what means shall the requisite changes be wrought in the air thus obtained?

The first question is—Where shall the requisite changes be wrought in the air thus obtained?

The answer may be—Near the lower floor of the building, for of course there will be the air which is too cold, to which the proper degree of heat and moisture must be imparted; for it is conjectured it will be necessary to impart some moisture by the equal diffusion of steam, when the air being properly heated and moistened will of course ascend through the second floor to the apartments of the sick, which floor should be composed of narrow strips of board, so fastened as to be at proper distances from each other to admit the passage of air. By this structure of the floor the feet of the patients will always be as warm as any other part of the body; and in consequence of the continual rising of heated air through the floor, no patient will respire air which has been previously respired, for all air, which has been respired, as well as that in contact with the patient's body, being heated, will ascend and pass out

of the building by openings made for the purpose, which openings should be so constructed, by means of fly-wheels, as readily to pass off heated air, but not admit air from without. Of consequence the patients will always have, in contact with the lungs and surface of the body, uncontaminated air of the proper heat and moisture, while sleeping and waking, an advantage of no small importance in the treatment of pneumonic disease, to which advantage may be added, if thought proper, the inhalation of gas arising from preparations of iodine, conium maculatum, hyosciamus niger, &c.

The second question is—By what means shall the requisite changes be wrought in the air thus obtained?

The answer may be—By such a contrivance as may effectually exclude from the air, heated and moistened, the fumes arising from highly heated iron, ignited charcoal, or other deleterious substance; and perhaps the air cannot be heated in a better manner, than by passing steam first in one direction and then in an opposite, by means of cast iron tubes placed near the lower floor of the building, and, if the air is found to have too much of dryness, perhaps the difficulty cannot be more easily remedied than by small perforations made in the cast iron tubes in such a manner as to diffuse steam equally through the air of the apartment. If an air more salutiferous can be produced than that already described, it must be by letting in through the dome of the building the gladsome beams of the sun. “Truly the light is sweet, and a pleasant thing it is for the eyes to behold the sun.”

Patients may be found, who can live and even enjoy health in the bland air of an asylum of the kind described, whose lungs are still so much loaded with tubercles that they can live in no other place. For the benefit of such, as well as others, apartments for labor should be constructed, where they might defray their expenses, or even add something to their property.

There should also be on the outside of the apartments a circuitous walk, and outside of this the appearance of a circuitous canal, on which boats may be so moved by machinery as to have very nearly the motion of a vessel at sea; so that if there be any advantage in a sea voyage, except what arises from an even temperature of the air, it may be enjoyed within the walls of the asylum. But enough of castle-building.

A CASE OF LITHOTOMY, IN WHICH THE HEALING PROCESS WAS INTERRUPTED AND RETARDED BY SUPERVENTION OF AN ERUPTIVE DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of this case was a tolerably healthy little boy, *ætat.* 4 years and 3 months. He had labored under urinary irregularities from his earliest infancy; but the evidences of the existence of calculus of the urinary bladder did not manifest themselves decidedly, until he was nearly three years of age. On the 24th of September, 1830, he was sounded, and again on the 24th of the following June, at each of which operations a calculous body was distinctly felt in the bladder. On the 20th of the

succeeding July, the little sufferer was lithotomized, and a stone extracted, of an oblong-ovoidal form, weighing rather more than three drachms. During the operation, nothing worthy of remark occurred, with the exception of a more tardy extraction of the calculus than usual, from the extreme narrowness of the perineal region, generally to be felt as a difficulty in the operation of lithotomy with very young subjects. The entire operation occupied about twenty minutes, more or less, during which trying time the child displayed a degree of fortitude rarely to be met with even with patients of riper years.

For six days the case was distinguished by no unusual circumstances, or untoward symptoms : indeed, the little patient was rather more comfortable than usual, during this period, when union by the first intention does not take place.

On the 7th day, in the morning, after a more restless night than usual, the traumatic fever became considerably augmented, distinguished by an exceedingly rapid and hard pulse ; hot, dry, red skin ; tormenting thirst, with a deeply coated tongue ; the abdomen, too, was somewhat tumid and tender ; bowels costive ; great dejection of spirits and sighings, with tactiturn drowsiness and aversion from food. The wound, which had not seemed disposed to heal, inflame, or suppurate, since the operation, now became considerably swelled and inflamed ; and, as far as could be seen, the surface of it was invested thickly by a white crust.

To meet these symptoms, a cathartic, of viij. of calomel and v. of rhubarb, was without delay resorted to at night, at which time I saw the child, directing the free use of cold drinks, the apartment to be well ventilated, and light covering upon the little patient. The night was passed badly ; the fever continued with little, if any, abatement until the morning of the 8th day, when it suddenly gave way under the very free action of the cathartic. It was really astonishing to observe the change effected in the condition of the child in so short a time ; in half an hour from the first dejection, the child seemed to be a different being, every unpleasant symptom having disappeared, as if by enchantment. In the course of the day, having occasion to inspect the wound several times, it was discovered that the white crust had thickened considerably, and was bounded around the margins of the wound by an incipient vesicular deposition, and an unequal areola of inflammation extending from half an inch, to twice that, into the surrounding dermoid texture. Little smarting or pain was felt from the passage of the urine during this and the succeeding day. Late in the afternoon, while inspecting the wound, my attention was drawn to numerous small vesicular elevations on the thighs ; and upon searching, it was discovered that they also existed in different parts of the trunk, neck, and even upon the face, in which last location, strange as it may seem, they had never until now been particularly observed.

From this period to the 12th day since the operation, the case seemed very nearly stationary : no other changes could be perceived than might be expected from the gradual drying up of the fluid effused into the vesicles. At this time the vesicles had sunk, and were covered by flat, thin, yellowish opaque crusts, closely applied to the skin. The incrustation of the wound, too, had become of darker white, approaching to

yellow, and was disposed to separate, and actually detached, in many places about its margins. By the 13th day the crust, as far as the wound could be examined, had entirely desquamated and passed away, leaving a healthy granulated surface, with some spots of pus here and there. The passage of the urine now occasioned much smarting in the wound. From this period the first healing disposition in the incision is to be dated. By the 10th day, the cutaneous crusts had generally fallen off. The wound now healed rapidly and progressively, until the 23d day, having diminished more than one half during this period; the general health and spirits, too, greatly improved during the same time.

On the 23d day, about 10, A. M., a distinct chill occurred, succeeded, after nearly an hour's duration, by a pretty sharp febrile struggle, attended with a rapid pulse; hot, dry and red skin; distressing thirst; coated tongue; dejection of spirits, sighing; drowsiness; costive bowels, with some tumidness of the abdomen. I was informed on my arrival that the child's bowels had been for some days more disposed to costiveness than usual since the symptoms ameliorated; but that as appearances seemed very favorable, and the little patient witnessed much unwillingness to take medicine, it had not been given, although particularly directed.

The calomel and rhubarb were again resorted to, succeeded by a saline cathartic four hours afterwards, with effects equally as decided and beneficial, in every respect, as in the first trial; every symptom giving way under the second operation of the medicines.

This second febrile effort was followed by a furuncular inflammation, which located itself successively in different regions of the dermoid and subtegumentary textures, from this period to the 35th day from the operation. The furuncles varied in size, from that of a small egg to a garden pea, and generally, when opened, discharged a puro-sanguineous fluid. The healing of the wound was somewhat retarded by this eruptive irritation, but not materially so; very little general fever marked it in either of its stages. By the 35th day, it had closed; and by the 40th, was firmly healed and cicatrized.

Remarks.—The peculiar circumstances of the case which has been detailed, are doubtless entirely attributable to the irritation of chickenpox, under which the little patient labored when he was lithotomized, and the furuncular irritation which succeeded it as a secondary affection. That the child labored under chickenpox when the operation was performed, is inferred from the fact, that several other children of the same family, in constant habits of intimacy as playmates and bed-fellows, broke out with this disease about the same time, some on the day the operation was performed, others in succession for several days afterwards; and for the further reason, that when the child was operated on, it was remarked that his skin *presented a peculiar redness* and elevation of temperature, which at the time were ascribed to crying and agitation, from the fear of the operation; and finally, because the eruption which appeared during confinement after the operation, pursued the course, and presented appearances, usually characterizing varicella.

How long the little patient could have labored under the eruptive irritation before he was subjected to the operation, could not be determined;

but it may be supposed, from the course pursued by the disease with the other children, and the condition of the skin while under the operation, that it was somewhere about the eruptive stage, or near it.

Being disturbed and interrupted in its course, by the various traumatic irritations, suddenly induced, and violently impressed upon the constitution, by such an operation, too, as that of lithotomy, the fever of varicella did not resume its proper course, or re-appear, until these new irritations subsided, and ceased to act as counter-irritants to it ; when it was ushered in anew by a chill as is usual, and pursued its course regularly afterwards. The furuncular fever resulted in all probability from the evanescent, congestive irritation of chickenpox, located chiefly in the skin, in consequence of the imperfect crisis by perspiration, usually following eruptive fevers ; which, as the circulation extended itself into the capillary vessels of the skin, became more and more complete, until at length congestions, collapse, and febrile reaction, followed. Retaining the characters of the original disease, the secondary affection, or febrile effort, terminated also in local inflammations, and suppurations. The more extensive and deep-seated character of these latter inflammations, is to be attributed most probably to the peculiar state of the skin, generally present soon after chickenpox ; being irritable, and sub-inflammatory, more especially where the previous eruptions had existed—pretty much as is the case near, and even upon, blistered surfaces.

The febrile symptoms of the renewed attack of varicella being the most universal in their range in the constitution, suspended in turn, and more effectually, the adhesive efforts, while the secondary, or furuncular, being more limited and less intense, only exercised the interrupting agency partially.

The foregoing case points out clearly the necessity of examining closely into the previous state of the patient's health before an important operation is performed. The controlling influence, too, which dissimilar, strong, and new impressions exercise, in suspending a disease, or in disturbing it in its course, after it has actually commenced and advanced considerably in its progress, is also most clearly shown. A valuable practical lesson is thus afforded ; confirming what has long been known, that "to cure one disease a new one must be created." How far the principle can be extended, the limits of so short a paper will not allow me to attempt to explain.

The remediate operation of mercurial cathartics, in diseases connected with abdominal traumatic irritation, is most decisively evinced by the two cases of eruptive disease which were treated by them exclusively (as the modifying circumstances in the case of lithotomy we have detailed). In closing this paper, I will add that I know of no remedy possessing half their efficiency as certain means of security against peritoneal or other abdominal inflammations, after parturition or surgical operations, if administered before congestions form to any considerable extent, or before inflammation actually invades the textures. I employ them in all cases in a few hours after abdominal operations, and repeat them every eight hours, until natural secretions are elicited, and oftener if the case be threatening.

The foregoing case is at the disposition of the Editor of the Boston Medical and Surgical Journal, from his friend,

JOHN P. METTAUER, M.D.

Prince Edward C. H., Va., May 22d, 1835.

CEREBRAL TUMOR.

BY S. GREGG, M.D. MEDFORD, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT the middle of March last, Mr. W. J., aged 41, complained of an inability to use his right arm—that when he attempted to extend his hand to take an object, it would pass to the *right*, without his being sensible that the limb was moving in a wrong direction.

On ascertaining that he had been subject to a torpid habit of bowels, it was presumed that a few potions of cathartic medicine would remove the difficulty.

I did not see the patient again until April 1, when I was again called to visit him. I found that he had not been in the least relieved from his former symptoms, and that he now complained of severe pain of the head, principally in the occipital region; pulse full, and the tongue covered with a thick, white coating. He was bled about sixteen ounces, and directed a solution of tartrate of antimony (in small potions) as a diaphoretic.

April 2d.—All symptoms milder: had continued in a moderate perspiration. As there had been no dejection, directed a cathartic.

3d.—More comfortable; tongue still coated, but some appetite.

6th.—Had suffered much pain during the day previous, as he supposed, from having eaten freely of some unsuitable food on Saturday evening. Pulse preternaturally slow, and tongue still covered with the same thick, flocculent coating. Directed operative medicine.

7th.—Less pain, and had rested well.

8th.—Headache still troublesome; directed a blister to the nape of the neck.

13th.—The same difficulty in using the right arm, but less pain in the head; tongue still coated, although the patient was rather disposed to take food.

16th.—Symptoms generally more favorable, with occasional headache.

30th.—Not so well. Pain of the head at times *very severe*, mostly in the anterior part, through the temples; pulse 45, and appetite, which had been pretty good, was now much diminished; appearance of the tongue the same. Blister repeated, and leeches to the temples.

May 3d.—Headache at times intolerable; pulse 40, and full; same difficulty in using the right hand—sometimes letting the vessel fall while drinking. The right leg became now similarly affected, not being able to support the weight of the body upon it. The mind began to be inactive; indeed, a general listlessness seemed to pervade every expression and movement. No motion of the intestines without medicine. The leeches were repeated with apparent benefit—the pulse rising in frequency

after the application. The above symptoms continued nearly the same ; the pulse varying from 45 to 65 until the fifteenth, when the pupil of the right eye was noticed to be occasionally dilated, which, after a few days, became permanently so, assuming an oblong and irregular form. These were the appearances until May 23d, when the patient became insensible, with stertorous breathing, and died on the 24th.

Autopsy, thirty hours after death. Longitudinal sinus turgid, and so were the vessels of the meninges. External appearance of the brain, in other respects, natural. On making a section of the superior portion of the brain, a tumor was seen to protrude from the cineritious mass, nearly under the centre of the left parietal bone. The tumor was of a gelatinous character, with a slight greenish tinge, having a little more consistence than the substance of the brain, with attachments so slight as to be ruptured by its own weight. It was about one inch and three lines in its longest diameter, and about eight or nine lines in its shortest—the surface was irregular, having the appearance of commencing ulceration.

June 2d, 1835.

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BOSTON, JUNE 10, 1835.

DISEASES OF THE SEASON.

AFTER an examination of the bills of mortality and health office reports of this and other cities, for the last three months, we are satisfied that a more uniform state of good health was never known to the physicians of this country, in any former period of its history. As a nation, we have been blessed in regard to the public health, and at this moment are in its full enjoyment.

No particular type of fever seems to be prevalent ; acute inflammatory affections are extremely rare ; surgical operations are scarcely heard of—and with the exception of an occasional local excitement produced by the sudden outbreaks of smallpox, varioloid, or accidents having their origin in some of those bold mechanical enterprises which characterize the times in New England, peace, health and plenty abound.

Though contradictory accounts are circulated in relation to the re-appearance of the once sweeping desolation of cholera, it is confined to one or two settlements. Unless a thorough and searching system of cleanliness is rigidly pursued, however, in every town where families of a certain description, such as have no regard for their own personal comfort, are compactly settled in narrow streets and lanes, in which various offals, street water, and putrescent vegetable and animal remains, are negligently suffered to accumulate, the same sufferings which are experienced at Memphis and New Orleans, may be anticipated. Cholera is a prompting messenger to all heedless magistrates. Physicians cannot always exterminate diseases ; but they must be sustained by the good sense, energy and ability of those municipal officers who have in charge the highways and byways of the land.

Endemics may yet be exhibited, as the season is advancing when those

causes will be in operation, depending partly on atmospherical influence, which give rise to them ; but we are now especially contemplating the present, as an extraordinary epoch, when no maladies are existing calculated to disturb the equanimity of the public repose. Even that slow, but fatal affection of the lungs, pulmonary consumption, seems to have been partially suspended. Compared with the catalogue of its victims in February, March, and April, there is certainly great cause for gratitude. This is referable altogether to a modification of temperature, and the concomitant changes which depend upon the return of summer.

Physicians, as well as patients, have too long been accustomed to await the insidious approaches of phthisis, as something beyond the reach of medical skill—something to be dreaded, but not to be successfully combated. The mere fact that thousands after thousands are silently yielding up their lives, from year to year, without a single prospect of escape even in its incipient stages, though hope buoys up the soul by the administration of supposed remedies as delusory as their ultimate fate is certain, calls imperiously upon the profession to make unabated exertions, that pulmonary consumption may not remain to reproach them with the imperfection of their knowledge.

When the cold winds of returning autumn begin to blow, and those vicissitudes of weather peculiar to the northern States recommence the work of destruction on the delicately organized textures of the lungs, the calm that is now enjoyed will be succeeded by scenes of a widely different character.

While the country is thus participating in such happiness as can only flow from uninterrupted public health, the profession cannot engage in any higher or more praiseworthy pursuits, than investigating those causes by which it is at all times liable to be endangered. It is to medical men that the people have a right to look for counsel in all that concerns them in the hour of sickness. It would be unpardonable, therefore, not to be qualified, by all the means at human disposal, to render that assistance which they are by common consent supposed to be able to afford.

SMALLPOX.

CASES of this fearful disease have occurred, the present season, in different parts of the country, and justly excited the alarm of the community. Scarcely a week passes without the announcement of its appearance in country towns, where there has not been the least reason for apprehending such a scourge.

Since our last Journal, we learn that the smallpox has broken out, and rages from Memphis to Natchez, and thence to Natchitoches. One case has also recently appeared at Framingham, another at Braintree, Mass. and two more cases were carried from Dorchester on Monday last. It is by no means strange that consternation and anxiety are manifested, when so small a part of the population of the interior, through the most culpable negligence, are unprotected against its frightful devastations. Owing to a blameable remissness in not enforcing the long established and useful precaution of cleansing certain cargoes which are brought to this country, smallpox has been repeatedly introduced into manufacturing districts, where under ordinary circumstances it would not have been developed. In three instances, within a few weeks, imported rags have carried the malady into the very midst of papermill operatives ; and wool, occasionally brought from the Mediterranean, has been equally

a terrific messenger of suffering and death. Lastly, the thousands of foreign emigrants, from infected vessels, distribute it in their clothing to every section of the Union. Nothing short of vaccination can arrest its progress, or save an individual brought within the sphere of its influence, from its certain action.

No one can doubt the propriety of an efficient health police, at all the ports of entry, which shall subject cargoes to a rigid examination and a thorough ventilation, before landing; and also, an equally vigilant course in relation to the garments and personal effects of passengers, before being allowed to wander over the country to the positive injury of the public health.

Woodstock, Vt. School of Medicine.—In a recently printed catalogue, the names of the following gentlemen constitute the Faculty, viz. H. H. Childs, on Theory and Practice of Medicine; W. Parker, on Surgery and Physiology; D. Palmer, Obstetrics and Materia Medica; John D'Wolf, Jr., Chemistry and Natural History; Robert Watts, Anatomy; W. P. Russell, Medical Jurisprudence; and B. R. Palmer, Demonstrator of Anatomy. Total number of students at the late lecture term, sixty. Middlebury College confers degrees on graduates of this School.

Connecticut Medical Society.—In a small pamphlet, the receipt of which is hereby acknowledged, entitled the "Proceedings of the President and Fellows, in Convention, May, 1835," is a catalogue of the members, three hundred and ninety-three in number, with their places of residence—a very convenient directory. From all we can discover, the Society is prosperous and efficient. Dr. Miner, the talented president, would do honor to any institution.

Transactions of the N. York Medical Society.—Vol. II., Part II., containing several well-written papers, beside the doings of the State Medical Society, of which Dr. John H. Steele is president, has been published at Albany—a copy of which has been received at this office.

New York Hospital.—During the year 1834—seventeen hundred and twenty-one patients were admitted into the hospital. Twelve hundred and sixty-six were cured, sixty-nine relieved, one hundred and fifty-four discharged at their own request. One hundred and seventy-four died. Two hundred and twenty-two persons received the benefits of the Bloomingdale Asylum for the Insane, in the same year.

College of Physicians and Surgeons, New York.—At the late commencement of this institution, of which Dr. John Augustine Smith is president, twenty-five gentlemen graduated with the honors of the School.

Annals of Phrenology.—Vol. 2, No. 1, under the editorial charge of four literary gentlemen of Boston, contains an unusually interesting collection of articles. Dr. Shurtleff's Anatomical Report on the Skull of Spurzheim, does him great credit. Whoever wrote the article entitled "Thoughts on Materialism, Insanity, Idiocy, Comparative Anatomy,

Memory, Consciousness, &c." in answer to a critique in the Christian Examiner, discovers uncommon patience, perseverance, and knowledge in the abstruse doctrines of mental philosophy.

Hopkins Medical Association.—The annual meeting of this association, at Hartford, Conn. will be held this day at 2 o'clock, P.M. *Dissertators.* Dr. H. Holmes—"Vis medicatrix naturæ." Dr. A. Welch—"Extra professional practice." Dr. A. Talcott—"Causes of discrepancies of opinion among medical men."

Medical Beneficiaries.—M. D. Benedict, W. B. Williams, J. A. Hovey, I. H. Hutchins, Erastus Erwin, L. D. Wright, L. E. Carver, and J. B. Merriman, were recommended by the several county meetings of the fellows of the Connecticut Medical Society, to attend, gratuitously, the next course of lectures at Yale College. It is to be regretted that a similar benevolent movement has not long since been made in Massachusetts for benefiting indigent students of medicine.

Obliteration of the Vena Cava Superior as it enters the Auricle.—Dr. Reid exhibited a specimen of this to the Anatomical Society of Edinburgh. The manner in which the blood from the head and the superior extremities reached the heart was indicated by the increased size of the intercostal veins and the *vena azygos*, which had evidently served to transmit the fluid, whose proper channel had been obliterated. The patient died of disease of the kidneys with dropsy. There were no symptoms indicating disturbance of the circulation, for several weeks at least, before death.

Edin. Med. and Surg. Journ.—*Amer. Journ. of the Med. Sciences.*

Austrian Statistics.—In the year 1833, the number of deaths in the Austrian monarchy was 665,731, being 76,917 fewer than in the preceding year; the deaths from cholera, however, in the latter year, may account for the difference. The number of births was 815,293. Among the deaths were by suicide, 724; hydrophobia, 35; casualties, 503; murdered, 422, (in the preceding year, 466); executed, 36 (in the preceding year, 53). There were 450 persons who were above one hundred years of age. The population of Austria, including Lombardy, Venice, Dalmatia, the Tyrol, &c. is at present reckoned at about 34,000,000.—*Lon. Med. Gaz.*

TO CORRESPONDENTS.—To the writer of a voluminous article, signed A. C., we feel compelled to say that the subject of his paper is at war with the principles we labor to sustain. To elevate the profession is a duty, and is the object of this Journal; but to give currency through its pages to doctrines which men of true science have invariably reprobated on account of their destructive tendency, would be inconsistent, impolitic, and dishonest. While we acknowledge, therefore, our esteem and personal respect for the writer, whom we would willingly oblige in any way not incompatible with the best interests of society, we beg to decline the publication of the manuscript alluded to, from a conviction that it would only provoke controversy, and lessen the dignity of medical science. The manuscript will be returned.

Whole number of deaths in Boston for the week ending June 6, 18. Males, 10—Females, 8.

Of brain fever, 1—consumption, 3—measles, 1—dropsy on the brain, 2—canker in the bowels, 1—teething, 1—delirium tremens, 1—marasmus, 1—old age, 1—insane, 1—infantile, 1—burn, 1—child-bed, 1—apoplexy, 1

Record of Meteorological Observations for May, 1835.

1835 May	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Frid. 1	42.00	53.00	46.00	29.98	30.00	29.925	Cumuli	N W		Barom. at 9h. a, 29.85
Satur. 2	43.00	57.00	50.00	29.85	29.95	29.900	"	E		[bus during night
Sun. 3	41.00	55.00	48.00	30.05	30.05	30.050	"	S W	.60	Rain, a. Rain and nim-
Mon. 4	42.00	56.00	49.00	30.05	30.10	30.075	Cumulus	N E	.25	Rain, and during the
Tues. 5	42.50	45.00	43.75	29.85	29.90	29.875	Cir. c. strat.	N W	.28	Rain [night.] a.
Wed. 6	42.00	59.00	50.50	29.80	29.92	29.860	"	N W		
Thur. 7	43.00	62.00	52.50	29.80	29.95	29.875	Cumuli	"		
Frid. 8	45.00	46.00	45.00	29.80	29.90	29.850	Cir. c. strat.	S E		SW, m. Ther. 44 a.
Satur. 9	38.00	57.00	47.50	29.82	29.88	29.850	Cumuli	S E		S, m. Cir. cum. strat. a.
Sun. 10	43.00	57.50	50.25	29.80	29.80	29.800	Cir. c. strat.	"		Cumuli, a.
Mon. 11	42.50	59.50	55.00	29.85	29.92	29.885	Cumulus	S W		
Tues. 12	48.00	71.00	59.50	29.90	29.93	29.915	"	N E	.01	NW, a. ● m.
Wed. 13	44.00	54.00	49.00	30.02	30.06	30.040	Cumuli	"		
Thur. 14	40.00	50.00	45.00	29.80	29.95	29.875	Cir. c. strat.	"	.74	Rain, a, & during night
Frid. 15	41.00	49.00	40.50	29.55	29.65	29.600	"	"	.02	Rain. NW, a.
Satur. 16	37.00	56.00	46.50	29.50	29.60	29.550	Cumulus	N W		Slight showers & squally
Sun. 17	45.50	66.50	56.50	29.65	29.76	29.705	"	S W		
Mon. 18	47.00	71.00	59.00	29.80	29.85	29.825	Cirrus	N W		
Tues. 19	48.50	74.00	61.00	29.90	30.05	29.975	Cumulus	S W		◐ m.
Wed. 20	50.00	83.50	71.25	29.80	29.84	29.820	Cumuli	N		NW, m.
Thur. 21	53.00	53.50	54.75	29.98	30.08	30.030	Cir. c. strat.	E		
Frid. 22	43.00	55.00	49.00	30.10	30.30	30.200	"	N E		
Satur. 23	44.00	56.00	50.00	30.35	30.40	30.375	Cirrus	S E		
Sun. 24	43.00	72.00	57.50	30.15	30.49	30.325	"	S W		[ning at night
Mon. 25	50.00	80.00	65.00	29.75	30.05	29.900	Cumuli	E	.03	SW, m. Rain and light-
Tues. 26	58.50	75.50	67.00	29.75	29.85	29.800	"	N W		◐ m.
Wed. 27	55.00	69.00	62.00	29.96	30.04	30.000	Cirrus	"		Foggy
Thur. 28	51.00	62.00	53.00	29.90	30.04	29.970	Stratus	N E		Nimbus. SW, a.
Frid. 29	51.50	74.00	62.75	29.55	29.80	29.675	Cumulus	E	.20	NW, m.
Satur. 30	58.00	74.50	66.25	29.65	29.90	29.775	Cirrus	"		
Sun. 31	55.00	66.00	60.50	30.00	30.05	30.025	Cumuli	S E		
Aggreg.	46.45	61.62	54.015	29.86	29.96	29.9159	Cumuli	N W	2.13	

RESULT.—Mean temperature, 54.015; maximum, 20th, wind N, 83.50; minimum, 16th, wind NW, 37.00; greatest daily variation, 25th, wind E, 39.00; least daily variation, 8th, wind NW, 1.00; range of thermometer for the month, 46.50; increase of mean temperature from April, 12.790; prevailing atmosphere, cumuli, generally fine and clear weather. Prevailing wind, NW. Mean atmospheric pressure, 29.9159; maximum, 23d and 34th, wind SE and SW, 30.40; minimum, 16th, wind NW, 29.50; greatest daily variation, 25th, wind E, 0.30; least daily variation, 10th, wind SE, 0.00; range of barometer, 0.99; increase of atmospheric pressure from April, 00.1159; rain, 2.13 inches.

Comparative with May, 1834.—Mean temperature, 52.4193; maximum, 84.00; minimum, 32.00; prevailing atmosphere, cloudy. Mean atmospheric pressure, 29.9325; maximum, 30.32; minimum, 29.50; rain, 5.48 inches; prevailing wind, SE.

Fort Independence, Boston, June 1, 1835.

B.

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Boston, April 1, 1835.

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